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7590

12/19/2005

ERIC ROBINSON
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Rose M. Fichtel		(Depositor's name)
<i>Rose M. Fichtel</i>		(Signature)
March 20, 2006		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/987,003	11/13/2001	Satoshi Seo	740756-2389	6380

TITLE OF INVENTION: ELECTROLUMINESCENT DEVICE HAVING DRYING AGENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/20/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NEGRON, ISMAEL	2875	362-084000	01 FC:1501 02 FC:1504 03 FC:0891	1400.00 00 300.00 00	18.00 00
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list				
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)					

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Semiconductor Energy Laboratory Co., Ltd. Kanagawa-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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 Advance Order - # of Copies 6

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2280 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

March 20, 2006

Typed or printed name

Eric J. Robinson

Registration No.

38,285

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